

SUPERIOR COURT OF
THE STATE OF WASHINGTON FOR CLARK COUNTY
PO BOX 5000
VANCOUVER, WA 98666-5000
E-MAIL: Jessica.Gurley@clark.wa.gov



JESSICA GURLEY
SUPERIOR COURT ADMINISTRATOR

TELEPHONE (564) 397-2150
FAX (360) 397-6078
TDD (360) 397-6172

Re: RCW 11.88 and RCW 11.92 GAL REGISTRY APPLICATION

Dear Applicant,

To be considered for our Registry, originals of the following must be submitted by mail or hand-delivered to the address below:

1. Application Form (attached pages 2- 6)
2. Oath of Guardian ad Litem (attached page 7)
3. Confidential Application and Release Form (attached page 8)
4. Your resumé/curriculum vitae
5. Proof of Title 11 GAL approved mandatory annual recertification training for renewal applications or mandatory initial training for new applications
6. WACIC Background Check

If you are applying to our Title 11 GAL Registry for the first time and wish to be included on our County Pay Registry, the following is also required:

7. Form W-9 (available at www.irs.gov)

Additionally, please review the following:

8. [Guardian ad Litem Code of Conduct](#)
9. [Washington State GALRs and Clark County LGALRs](#)

Please mail the completed applications with all attachments and original signatures to:

Jessica Gurley
Superior Court Administrator
PO Box 5000
Vancouver, WA 98666-5000

Thank you for your interest in serving as a Title 11 Guardian ad Litem for Clark County Superior Court.

CLARK COUNTY SUPERIOR COURT
RCW 11.88 and RCW 11.92 GAL APPLICATION

The following information provided by you will be made available to the public for review:

Name: _____

Business Name or Firm: _____

Business Address: _____

City, state and zip code: _____

Business phone: _____ Fax: _____

Alternate phone: _____ (This will not be kept confidential.)

Email address: _____

WSBA or Washington State Certificate #: _____

1. I hereby apply to serve as a RCW 11.88 and RCW 11.92 Guardian ad Litem.

2. I have never been convicted of a felony or a crime involving moral turpitude.
Must initial: _____

3. My formal education is as follows: _____

4. Please indicate the date, county and sponsor where you completed the initial mandatory training. If you are renewing your application, the date, county and sponsor where you completed the mandatory recertification training:

Initial Training

Date: _____ County/Sponsor _____

Recertification training (for renewal applicants only)

Date: _____ County/Sponsor _____

5. Number of years of experience as a Title 11 GAL: _____

6. Number of appointments as a Title 11 GAL and the county or counties of appointment:

7. Your knowledge, training, and experience in each of the following areas: Needs of impaired elderly people, physical disabilities, mental illness, developmental disabilities, and other areas relevant to the needs of incapacitated persons, legal procedure, and the requirements of RCW 11.88 and 11.92. Attach additional pages as necessary; please do not refer to résumé/CV as part of your response.

8. The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):

9. I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced which could lead to professional discipline or suspension, removal or suspension from any county's GAL Registry, the suspension or revocation of my professional license, and/or the filing of criminal charges for a felony or crime involving allegations of theft, dishonesty or moral turpitude. **Must initial:** _____

10. My private pay Guardian ad Litem fees are as follows: \$_____ Retainer and
\$_____ per hour. Other: (if applicable) _____

11. The following must be included with this application (check the item below to acknowledge inclusion with your application):

- ☐ Copy of the certificate from the training provider evidencing successful completion of the mandatory Title 11 GAL initial training for new applicants or annual recertification training for renewal applicants.
- ☐ Résumé/curriculum vitae, showing work and professional or personal experience in or related to the Title 11 GAL Registry that would assist in the performance and completion of Guardian ad Litem duties.
- ☐ Completed and signed statements regarding professional complaints, investigations, or disciplinary actions and claims or litigation (pages 5 and 6 of this application).
- ☐ WACIC: Obtain criminal background check through the Washington State Patrol website www.wsp.wa.gov/crime/criminal-history
- ☐ Signed Oath of Guardian ad Litem (page 7 of this application).
- ☐ Signed release of information directed to all professional regulatory bodies, which have licensed or supervised the applicant within the last ten years (page * * * of this application).

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20_____ at

(city and state)

Signature of applicant

PROFESSIONAL COMPLAINTS, INVESTIGATIONS OR DISCIPLINARY ACTIONS

(Please check one box below.)

- ☐ Description of the nature, status and outcome of any founded professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims, and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties. Please provide summary and outcome only and attach additional pages if needed.

- ☐ I affirm that there have been no founded professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____

Signature

Print name

(Please check mark one box below.)

(Please check mark one box below.)

-
- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

- I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____

Signature

Print name

OATH OF GUARDIAN AD LITEM

I am on the Guardian ad Litem registry for Clark County. Whenever appointed to act as Guardian ad Litem, I will perform all duties required of me by law. By my signature below and my initials on the attached, I acknowledge I have read the attached Clark County Superior Court Guardian ad Litem Code of Conduct and agree to be bound and will abide by the same.

I declare, under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

Date: _____

Signature

Print name

Business address

City, state, zip code

Business telephone number

**CLARK COUNTY GUARDIAN AD LITEM
CONFIDENTIAL APPLICATION AND RELEASE**

The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:

Full Name: _____ Date of Birth: _____
(including middle name)

Maiden Name: _____ All Aliases: _____

Driver's License #: _____ Email Address: _____
(mandatory)

Address: _____ Telephone #: _____

Zip Code Fax #: _____

RELEASE
(To be enclosed with your application)

TO:

<input type="checkbox"/> Washington State Bar Association	<input type="checkbox"/> Washington State Medical Association
<input type="checkbox"/> Washington State Nursing Commission	<input type="checkbox"/> Washington Board of Psychology
<input type="checkbox"/> Washington State Department of Licensing	<input type="checkbox"/> Other: _____

I, _____, (Professional License No.: _____), hereby authorize you for the purpose of my application and/or work as a Clark County Guardian ad Litem, to release information to and discuss such information with:

Superior Court Administrator
Clark County Superior Court
PO BOX 5000
Vancouver, WA 98666-5000

This RELEASE includes, but is not limited to, all records and information concerning any official disciplinary action or any pending active investigation you have with regard to me.

Signature/Date